

11/28/01

11/28/01

11-30-01

A

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	Alan.P001
	First Inventor:	Alan W. Fink
	Title:	Message Collaborator
	Express Mail Label No.:	ET667900532 US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

11/28/01

11/28/01

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="26"/> (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <input type="text" value="13"/>	ACCOMPANYING APPLICATION PARTS	
5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76	10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)	
	11. <input type="checkbox"/> English Translation Document (if applicable)	
	12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations	
	13. <input type="checkbox"/> Preliminary Amendment	
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	
	15. <input type="checkbox"/> Certified Copy of Priority Document	
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
	17. <input type="checkbox"/> Other: _____	

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in- Part (CIP)	Prior Appl. No. <input type="text"/>
---------------------------------------	-------------------------------------	--	--------------------------------------

Prior Appl. information: Examiner: Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS							
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <input type="text" value="NA"/> or <input type="checkbox"/> Correspondence address below							
Name	Alan W. Fink						
Address	5631 South Magic Drive						
City	Murray	State	UT	Zip Code	84107		
Country	U.S.A.	Telephone	801-556-4860	Fax	520-962-9685		
Name	Alan W. Fink			Registration No.	<input type="text"/>		
SIGNATURE	<i>Alan W. Fink</i>			Date	11/28/01		

FEE TRANSMITTAL Patent fees are subject to annual revision	Complete if Known	
	Application Number	
	Filing Date	11/28/01
	First Named Inventor	Alan W. Fink
	Examiner Name	
	Group Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$) 412	
Attorney Docket No.		

METHOD OF PAYMENT	FEE CALCULATION (continued)
--------------------------	------------------------------------

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

Deposit Account Name

☒ Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status See 37 CFR 1.27

2. ☒ Payment Enclosed

☐ Check ☒ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid
101	740	201	370	Utility filing fee <input style="width: 50px;" type="text" value="370"/>
106	330	206	165	Design filing fee <input style="width: 50px;" type="text"/>
107	510	207	255	Plant filing fee <input style="width: 50px;" type="text"/>
108	740	208	370	Reissue filing fee <input style="width: 50px;" type="text"/>
114	160	214	80	Provisional filing fee <input style="width: 50px;" type="text"/>
SUBTOTAL (1)				(\$ 370)

2. EXTRA CLAIM FEES

Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid
Independent Claims	<input style="width: 30px;" type="text" value="20"/>	<input style="width: 30px;" type="text" value="1"/>	<input style="width: 30px;" type="text" value="42"/>	<input style="width: 30px;" type="text" value="42"/>
Multiple Dependent			<input style="width: 30px;" type="text" value="280"/>	<input style="width: 30px;" type="text"/>

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	* Reissue independent claims over original patent
110	18	210	9	* Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$ 42)

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.
 *For Reissues, see above

SUBMITTED BY

Name (Print/Type) Signature

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late Provisional filing
139	130	139	130	Non-English specification
147	2520	147	2520	For filing a request for ex parte Reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1840*	113	1840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	920	217	460	Extension for reply within third month
118	1440	218	720	Extension for reply within fourth month
128	1960	228	980	Extension for reply within fifth month
119	320	219	160	Notice of Appeal
120	320	220	160	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1510	138	1510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1280	241	640	Petition to revive - unintentional
142	1280	242	640	Utility issue fee (or reissue)
143	460	243	230	Design issue fee
144	620	244	310	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(q)
126	180	126	180	Submission of IDS
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application
Other fee (specify) <input style="width: 150px;" type="text"/>				
* Reduced by Basic Filing Fee paid				SUBTOTAL (3)
				(\$ 412)

Complete (if applicable)

Registration No. Telephone

Date